Utah Division of Substance Abuse and Mental Health

Treatment Episode Data Set (TEDS)
Admission/Transfer File Format and Definitions

Official Document for FY 2007 Data Submission

DATE	AUTHOR	VERSION	NOTES
9/15/2006	Casey Loveland	.02	Added note about submitting data for multiple providers.
8/25/2006	Casey Loveland, Dori Wintle, Brad Loveland	.01	HLCI column changed to SAMHIS client ID. Removed leading zeros from unknown and not applicable code values for Medicaid ID. Added note to Medicaid ID that it should be either 2 or 10 characters in length. Added note to Primary Substance 1st age of use that it must be less than client's current age, but not less than their birth date. Added notes to Service/Program Types that are not required to have less than 5% of unknowns.

Introduction

NOTE: New content since FY2006 highlighted in *yellow italics*. New content since March 24, 2006 is also **bolded**.

Two documents, the Client Data Record Format and the TEDS Definitions, have been combined into one document to make it easier to know what is required. The last column in the following table is labeled "Code" and is used to describe each element as follows:

Codes

KEY: These fields are used to match discharge records with admission records. These data must be complete and accurate for both admission and discharge records.

ADMIT: These fields are used for the Admission / Transfer file. Only items with ADMIT or KEY can be sent in the Admission file.

DISCH: These fields are used for the Discharge file. Only items with DISCH or KEY can be sent in the Discharge file.

NOMS: These fields are required to be sent to the Federal Substance Abuse and Mental Health Administration (SAMHSA) by the National Outcome Measures (NOMS) grant. For each Local Authority area, these variables must have no more than 5% unknown or missing codes.

Service/Program Type Codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing values.

FED: Reported to SAMHSA but not part of the NOMS grant.

STATE: These fields are not reported to the Federal Substance Abuse and Mental Health Administration.

TRANS: Only the Transaction Type field has this code and its properties are described in the definition of this field.

DIAG: Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 10 on Axis I. Leave subsequent fields blank if there are no subsequent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.

NOTE: No blanks are allowed in the file except where specified above. The middle name field and SAMHIS Client ID fields can also be left blank if not available.

CSV File Generation Guidelines

1. All files should be submitted without a header row.
2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
3. Non-required fields must either be blank or contain a valid value.
4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
5. Do not use quotes in any fields.
6. Do not insert blank lines between rows of data.

Supplemental Definitions

Client: A person who meets <u>all</u> of the following criteria:
1. has an alcohol or drug related problem,
2. has completed the screening and intake process,
3. has been formally admitted for treatment or recovery service in an Alcohol or Drug Treatment unit operated or funded (fully or partially) by a State Alcohol or State Drug Authority, and
4. has his or her own client record.

If a person has only completed the assessment process and it is determined that he/she does not need treatment and therefore does not meet all of the above criteria of a client, the person can still be included as a TEDS admission but must have a code of "Assessment ONLY" in the *Service/Program Type*.

*(A person is **not** a client if he/she has only completed a screening or intake process or has been placed on a waiting list.)*

Service/Program Type: (Field #9) – the service that the client is admitted or transferred into.

<u>Assessment Only</u>: This code should be used if a person has only completed the assessment process (has not been formally admitted into substance abuse treatment) and it is determined that he/she does not need substance abuse treatment and therefore does not meet all of the criteria of a client. Remember that these individuals do not meet the federal definition of a client for TEDS reporting purposes. ***Records with this service code are not required to have less than 5% unknown or missing.***

<u>Detoxification, 24-hour service, Hospital Inpatient</u>: 24-hour per day medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV-D or Level III.7-D** which are as follows: 1) an organized service delivered by medical and nursing professionals that provides for 24-hour medically-directed evaluation and withdrawal management in an acute care inpatient setting. Services are delivered under a defined set of physician-approved policies and physician-managed procedures or medical protocols. Or, 2) an organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. ***Records with this service code are not required to have less than 5% unknown or missing.***

Detoxification, 24-hour service, Free-Standing Residential: 24-hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.2-D** which are as follows: an organized service delivered by appropriately trained staff, who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal. ***Records with this service code are not required to have less than 5% unknown or missing.***

Rehabilitation/Residential, Hospital (other than detoxification): 24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level IV** which are as follows: an organized service, staffed by designated addiction physicians or addiction credentialed clinicians and requires an interdisciplinary staff to care for patients whose acute biomedical, emotional or behavioral problems are severe enough to require primary medical and nursing services. Treatment is provided 24 hours a day, and the full resources of a general acute care hospital or psychiatric hospital are available.

Rehabilitation/Residential, Short Term: Typically 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.7 or Level III.5** which are as follows: Level III.7—an organized service, staffed by designated addiction treatment personnel or addiction-credentialed physicians, that provides a planned regimen of 24-hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting. Twenty-four hour observation, monitoring and treatment are available, however, the full resources of an acute care general hospital or a medically-managed inpatient treatment service system are not necessary. Level III.5—programs designed to address significant problems with living skills, that are accurately characterized by the intensity of the addiction treatment services and the highly structured program activity, where the resident's activities are prescribed 24 hours a day until the resident demonstrates specified treatment progress. With increased staff training and nursing supervision, programs at this level are able to address the medical needs of residents who have slightly more severe medical problems.

Rehabilitation/Residential, Long Term: Typically more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; this may include transitional living arrangements such as half way houses. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level III.1 or Level III.3** which are as follows: Level III.1—offers low-intensity professional addiction treatment services at least 5 hours a week. This level of care is best understood in its component parts.

The professional addiction treatment services provided in this setting are low-intensity outpatient services focused on problems in applying recovery skills. The other component is a structured recovery environment, staffed 24 hours a day. Level III.3—provide a structured recovery environment in combination with medium-intensity professional clinical services to support and promote recovery. Services generally are considered to be of medium intensity and are presented at a slower pace than in more intensive residential programs. Persons who are appropriately placed in this level of care are characterized by their need for a slower paced treatment presentation because of mental health problems or reduced cognitive functioning or the chronicity of their illness.

Ambulatory, Intensive Outpatient: As a minimum the client must receive treatment lasting two or more hours per day three or more days per week. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level II.5 or Level II.1** which are as follows: involves a structured day or evening treatment program that may be offered before or after work or school, in the evening or on a weekend. Programs have the capacity to arrange for medical and psychological consultation, psychopharmacological consultation and 24-hour crisis services. In addition, they have active affiliations with other levels of care and can assist in accessing clinically necessary "wraparound" support services such as child care, transportation and vocational training. Distinctions are made among various subtypes of Level II program as follows: Level II.5) Generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs have ready access to psychiatric, medical and laboratory services. Level II.1) Generally provide nine or more hours of structured programming per week, consisting primarily of counseling and education around alcohol and other drug problems. The patient's needs for psychiatric and medical services are addressed through consultation or referral arrangements. II.1 differs from II.5 in the intensity of clinical services that are directly available: specifically, II.1 has less capacity to effectively treat individuals who have substantial medical and psychiatric problems.
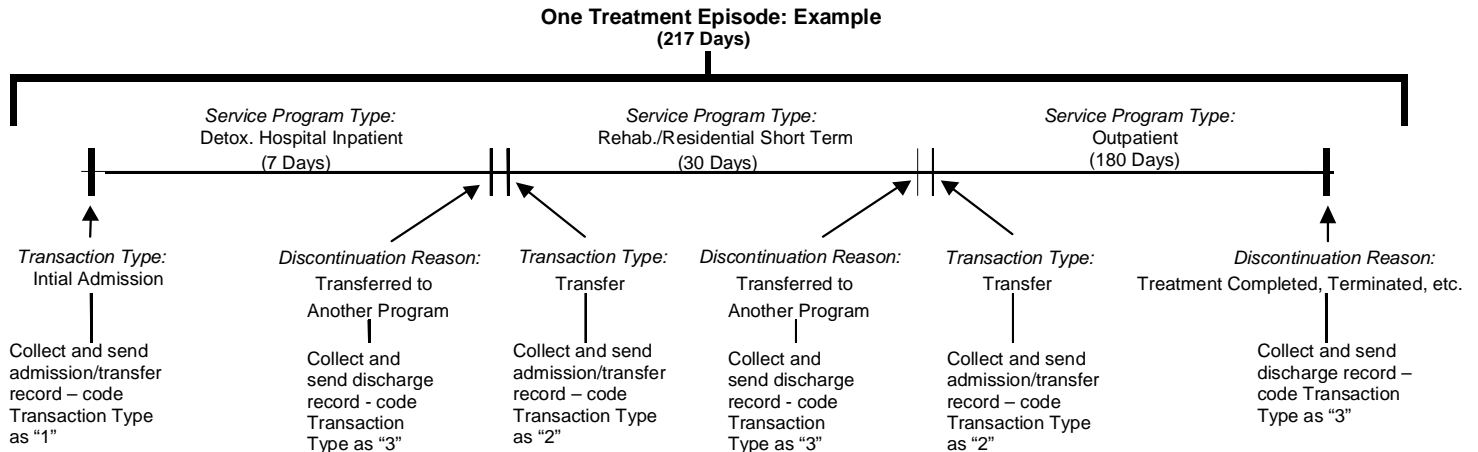
Ambulatory, Non-Intensive Outpatient: Treatment services including individual, family and/or group services; these may include pharmacological therapies. To qualify under this service type, the service must also meet the specifications as outlined under **ASAM Level I** which are as follows: organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provides professionally directed evaluation, treatment and recovery services to persons with substance-related disorders. Such services are provided in regularly scheduled sessions of usually fewer than 9 contact hours a week.

Ambulatory, Detoxification: Outpatient treatment services providing for safe withdrawal in an ambulatory setting – pharmacological or non-pharmacological. To qualify under this service type, the service must also meet the specifications as

outlined under **ASAM Level I-D, or Level II-D** which are as follows: 1) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Or 2) an organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, by trained clinicians who provide medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. Essential to this level of care is the availability of appropriately-credentialed and licensed nurses (R.N., L.P.N.) for monitoring of patients over a period of several hours each day of service. ==*Records with this service code are not required to have less than 5% unknown or missing.*==

Limited Treatment: If a provider of services would like to submit data to the State for clients who are receiving services they would define as "limited treatment," the provider must submit a separate explanation or description of specifically what these services are. However, with the implementation of the new DUI curriculum, it will no longer be necessary or appropriate to report those clients under these services—we will be collecting information on those clients separately. It should also be noted, that any clients reported to the State under this service type will not be included in any statistical reports produced by the State. ==*Records with this service code are not required to have less than 5% unknown or missing.*==

Treatment Episode: the period of service between the initiation of substance abuse treatment services for a client with a drug or alcohol abuse or dependency problem and the termination of services for that client, where no significant break in services has occurred. There is only one initial admission per episode. Therefore, if a client in the

One Treatment Episode: Example
(217 Days)

Service Program Type: Detox. Hospital Inpatient (7 Days)	Service Program Type: Rehab./Residential Short Term (30 Days)	Service Program Type: Outpatient (180 Days)

Transaction Type: Intial Admission

Collect and send admission/transfer record – code Transaction Type as "1"

Discontinuation Reason: Transferred to Another Program

Collect and send discharge record - code Transaction Type as "3"

Transaction Type: Transfer

Collect and send admission/transfer record – code Transaction Type as "2"

Discontinuation Reason: Transferred to Another Program

Collect and send discharge record - code Transaction Type as "3"

Transaction Type: Transfer

Collect and send admission/transfer record – code Transaction Type as "2"

Discontinuation Reason: Treatment Completed, Terminated, etc.

Collect and send discharge record – code Transaction Type as "3"

midst of a single episode of treatment changes services/modalities or providers, this event is considered a "**transfer**" rather than a new initial admission. For example, a client who has been in detoxification may complete this level of service and be transferred to a residential setting within the same treatment episode. This transaction should be reported as a **transfer**, not a new initial admission. A treatment episode should be assumed to have ended, and the client officially discharged from the treatment episode (if not discharged already), if the client has not been seen in 5 days in the case of an inpatient or residential, 14 days in the case of day treatment and 60 days in the case of an intensive or general outpatient. Admissions and transfers must be sent in the TEDS Admit/transfer file format and Discharges must be sent in the TEDS Discharge file format as a separate file. **Clients returning for services after the elapsed time described need to be reported as an initial admission to a subsequent treatment episode.**

Admission and Discharge Date Rules:

Admission / Transfer File

Admission Dates must fall within the current fiscal year.
Duplicate Admit Date / Time for the same client and ASAM (service_program_cd) will produce an error.
All TEDS Admission / Transfer records are generally inserts into SAMHIS.

TEDS file will have fields for the following parts of a name:
- Last name
- First name
- Middle name

Naming Rules:
Names can be entered in either upper case, lower case, or a mix.

Spaces: Allowed in first and middle names. NOT allowed in last names.

Example:	*Mc Donald*	*should be entered as*	*McDonald*
	De La Cruz	*should be entered as*	*DeLaCruz*
Example:	*Le Ann Mary Ann Mc Cartney*		
	Can be entered as:		
	First: Le Ann		
	Middle: Mary Ann		
	Last: McCartney		

Hyphens: Allowed in first, middle and last names. It is the only allowable punctuation character allowed.
Examples:

(last name) Smith-Jones	*should be entered as*	*Smith-Jones*
(first name) Jo-Ann	*should be entered as*	*Jo-Ann*
(last name) O'Rilley	*should be entered as*	*ORilley*
(last name) St. James	*should be entered as*	*StJames*
(first name) D'Ann	*should be entered as*	*DAnn or D Ann*

Numeric characters: Not allowed in any name

First name is an initial: The initial can be entered in the first name field but no periods.

Middle name: If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

Second name: Enter the second name in the middle name field

Example: *J. Edgar Hoover*

               First name: J (no period)

               Middle name: Edgar

               Last Name: Hoover

Enter legal names rather than nicknames

Example: "Bill" should be entered as William

          "Bob" should be entered as Robert

          "C.J." should be entered as Carlos as a first name and James as the middle name

Titles, Prefixes, Suffixes: not allowed

Naming rules synopsis:

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

<mark>**Submitting for Multiple Providers**</mark>

<mark>TEDS Admit files can contain data for more than one provider per file. SAMHIS backend processing engines associate data in TEDS Admit files to the provider ID specified on every row in the file.</mark>

	Name and Description	Allowed Values	Format	Definition	Code
1	RecordNo Record Number	1,2,...., (Number of Records)	number (10)	A sequential count of the records submitted each quarter. This field is NOT used to match records.	
2	provider_id Provider ID	Utnnnn	string (15)	Identifies the provider of the alcohol or drug treatment service, the provider's National Facility Register (NFR) number. Must begin with "UT."	KEY NOMS
3	client_id Client ID	Unique Client identifier	string (15)	An identifier that is from 1 to 15 alphanumeric characters and at a minimum is unique within the provider. The identifier: 1. Must NOT be reassigned to another client, 2. Can be meaningless, and 3. Must ensure confidentiality of client records - must not identify the client 4. An individual should not have more than one ID	KEY NOMS
4	ssn Social Security Number	Client's SSN 999-99-9999=None 000-00-0000=Unknown	string (11) (used to say 15)	The client's social security number.	ADMIT STATE
5	medicaid_id Medicaid Number	Clients Medicaid ID Number 97=Unknown 98=Not Applicable	string (10)	The client's Medicaid number. Field must be either 2 (Unknown / NA) or 10 characters in length	ADMIT STATE
6	depen_collat_ind Co-Dependent/ Collateral	1=Yes 2=No	number (1)	A person who has no alcohol or other drug abuse problem, but satisfies all of the following conditions: 1. Is seeking services because of problems arising from his/her relationship with an alcohol or drug abuser. 2. Has been formally admitted for service to a program. 3. Has his/her own client record.	ADMIT NOMS
7	trans_type_cd Transaction Type	1=Initial Admit (Beginning of Episode) 2=Transfer/Change in Service	number (1)	This field identifies the record as an admit/transfer record. Only a value of 1 or 2 is valid	TRANS NOMS
8	admit_dt_time Date and time of Admission	Date / Time	MM/DD/YYYY hh:mm:ss	The month, day and year, and time when the client receives his or her first direct treatment or recovery service. A duplicate Admit Date / Time for the same patient and for the same ASAM level will produce an error. Admit / Time must be within the current fiscal year. If your system doesn't track time for admissions then specify 00:00:00 for the time part. Be sure to put a single space between the date and time.	KEY ADMIT

UDSAMH **Admission/Transfer File Format for TEDS** - FY2007 version date 8/25/2006

	Name and Description	Allowed Values	Format	Definition	Code
9	service_prog_cd Service/Program Type	0=Assessment Only 1=Detox. Hospital Inpat. 2=Detox. Free Standing 3=Rehab/Res. Hospital 4=Rehab./Res. Short Term 5=Rehab./Res. Long Term 6=Amb. Intensive Outpatient 7=Amb. Outpatient 8=Amb. Detox. 9=Limited Treatment	number (1)	The service that the client is admitted or transferred into. See Supplemental Definitions for the definition of each service type. ***Records with codes 0, 1, 2, 8 and 9 are not required to have less than 5% unknown or missing.***	KEY ADMIT *NOMS*
10	prior_episode_id Number of Prior Treatment Episodes	0=0 Prior Treatments 1=1 Prior Treatment 2=2 Prior Treatments 3=3 Prior Treatments 4=4 Prior Treatments 5=5 or More Prior Treatments 7=Unknown	number (1)	The number of previous treatment episodes the client has received in any drug or alcohol program. Changes in service/modality during the same treatment episode should not be counted as separate episodes. Also, the count should not include episodes prior to 1/1/90.	ADMIT *NOMS*

11	referral_source_cd
	Source of Referral at
	Admission
		1=Individual Includes Self
		2=Alcohol/Drug Abuse Care
		  Provider
		3=Other Health Care Provider
		4=School
		5=Employer/EAP
		6=Division of Workforce
		  Services-Welfare
		7=DCFS
		8=Adult Court
		9=Juvenile Court
		10=Probation
		11=Parole
		12=Police
		13=Prison
		14=DUI/DWI
		15=Other Community Referral
		97=Unknown
			number (2)	Describes the specific person or agency referring the client to the alcohol or drug treatment program.
				
				Individual (includes self-referral): Includes the client, a family member, friend or any other individual that would not be included in any of the following categories. Includes self-referral due to pending DWI/DUI.
				
				Alcohol/Drug Abuse Care Provider: Includes any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse programs, or a program whose activities are related to alcohol or drug abuse prevention, education or treatment.
				
				Other Health Care Provider: Includes a physician, psychiatrist, or other licensed health care professional; or general hospitals, psychiatric hospitals, mental health programs or nursing homes.
				
				School (Educational): Includes a principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
				
				Employer/EAP: Includes a supervisor or an employee counselor.
				
				Adult Court: include adult drug or dependency courts in this category.
				Juvenile Court: include juvenile drug courts in this category.
				DUI/DWI: referral by a court for DWI/DUI.
					ADMIT
					NOMS

	Name and Description	Allowed Values	Format	Definition	Code
	referral_source_cd *(continued)*			Other Community Referral: Community and religious organizations or any federal, State or local agency that provides aid in the areas of poverty relief, unemployment, shelter or social welfare, that is not listed above. Self-help groups such as AA, Al-Anon, and NA are also included in this category.	
12	birth_dt Date of Birth	Date 01/01/0007=Unknown	mm/dd/yyyy	The client's legal birth date. This field should only be coded as "unknown" (01/01/0007) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information.	ADMIT NOMS
13	gender_cd Gender	1=Male 2=Female	number (1)	Indentifies the client's gender.	ADMIT NOMS
14	race_cd Race	1=Alaskan Native 2=American Indian 3=Asian 4=Native Hawaiian or Other Pacific Islander 5=Black/African American 6=White 7=Unknown 0=Other	number (1)	Indicates the client's race. If you don't distinguish between American Indian and Alaska Native, code both as American Indian. Clients of Hispanic ethnicity are typically coded as "White" in the racial category. Alaska Native: (Aleut, Eskimo, Indian) Origins in any of the original people of Alaska. American Indian: (Other than Alaska Native) Origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment. Asian: Origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, Vietnam. Native Hawaiian or Other Pacific Islander: Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Black or African American: Origins in any of the black racial groups of Africa. White: Origins in any of the original people of Europe, North Africa or the Middle East. Other: A default category for use in instances in which the client is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.	ADMIT NOMS
15	ethnicity_cd Ethnicity	1=Puerto Rican 2=Mexican 3=Cuban 4=Other Hispanic 5=Not of Hispanic Origin 7=Unknown	number (1)	Identifies the specific Hispanic Origin. Puerto Rican: Of Puerto Rican origin regardless of race. Mexican: Of Mexican origin regardless of race. Cuban: Of Cuban origin regardless of race. Other Specific Hispanic: Of known or unknown Central or South American or any other Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.	ADMIT NOMS

	Name and Description	Allowed Values	Format	Definition	Code
16	marital_status_cd Marital Status	1=Never Married 2=Married 3=Separated 4=Divorced 5=Widowed 7=Unknown	number (2)	Specifies the client's marital status. Never Married: Includes those whose only marriage was annulled. Married: Includes those living together as married. Separated: Includes those separated legally or otherwise absent from spouse because of marital discord.	ADMIT FED

17	education_cd
	Education
		0=Less than One Grade
		    Completed
		1-25=Years of School (Highest
		    Grade) Completed (For GED
		    use 12)
		97=Unknown
			number (2)	Specify the highest school grade the client has completed.
				If more than 25 years have been completed, use "25".
					ADMIT
					NOMS

18	employment_cd Employment Status at Admission	1=Employed Full Time 2=Employed Part time 3=Unemployed 4=Homemaker 5=Student 6=Retired 7=Disabled 20=Other "Not In the Labor Force" 97=Unknown	number (2)	Identifies the client's current employment status. Employed Full Time: Working 35 hours or more each week, including members of the uniformed service. Employed Part Time: Working fewer than 35 hours each week. Unemployed: Looking for work during the past 30 days or on layoff from a job. Other "Not in the Labor Force": Not looking for work during the past 30 days. *If the client is employed and going to school, the employment* *code takes priority over the "Student" code. Field 49 indicates* *whether the client is enrolled in an education program.*	ADMIT *NOMS*
19	pri_substance_cd Substance Code Primary at Admission	1=None 2=Alcohol 3=Cocaine/Crack 4=Marijuana/Hashish 5=Heroin 6=Non-Prescription Methadone 7=Other Opiates/Synthetics 8=PCP 9=Other Hallucinogens 10=Methamphetamine 11=Other Amphetamines 12=Other Stimulants 13=Other Benzodiazepines 14=Other Tranquilizers 15=Barbiturates 16=Other Sedatives/Hypnotic 17=Inhalants	number (2)	Identifies the client's primary substance problem. This field can only be coded as "unknown" (97) if the client was admitted into detoxification services and the client left services prior to being capable of providing this information. This field must be coded as "none" (1) if and only if the client was admitted as co-dependent/collateral.	ADMIT *NOMS*

	Name and Description	Allowed Values	Format	Definition	Code
	pri_substance_cd *(continued)*	18=Over the Counter 30=Oxycodone (Oxycotin, Percocet) 31=LSD 32=Methylphenidate (Ritalin) 33=Alprazolam (Xanax) 34=Diazepam (Valium) 35=Lorazepam (Ativan) 36=Hydrocodone (Vicodin, Lortab) 37=Morphine (ms contin) 38=MDMA (Ecstasy) 39=Rohypnol 40=GHB/GBL 41=Ketamine (Special K) 42=Clonazepam (Klonopin, Rivotril) 20=Other 97=Unknown			
20	sec_substance_cd Substance Code Secondary at Admission	Same as Field 19	number (2)		ADMIT *NOMS*
21	ter_substance_cd Substance Code Tertiary at Admission	Same as Field 19	number (2)		ADMIT *NOMS*
22	pri_admin_route_cd Route of Administration-Primary	0=Other 1=Oral (Swallowed) 2=Smoking 3=Inhalation (Fumes) 4=Iv Injection 5=Non-Iv Injection 6=Nasal (Snorted, Sniffed) 7=Unknown 8=Not Applicable	number (1)	The way the client usually administers his/her primary substance of abuse. This field should be coded as "unknown" (7) only if the client's *Substance Code Primary at Admission* was also coded as "unknown" (97). This field must be coded as "not applicable" (8) if and only if the client's *Substance Code Primary at Admission* was coded as "none" (1).	ADMIT *NOMS*
23	sec_admin_route_cd Route of Administration-Secondary	Same as field 22	number (1)	The same as Route of Administration – Primary, but for the client's secondary substance.	ADMIT *NOMS*
24	ter_admin_route_cd Route of Administration-Tertiary	Same as field 22	number (1)	The same as Route of Administration – Primary, but for the client's tertiary substance.	ADMIT *NOMS*

	Name and Description	Allowed Values	Format	Definition	Code

25	pri_frequency_use_cd
	Frequency of Use -
	Primary at Admission
		1=No Use During Last 30
		  Days
		2=1-3 Times During Last 30
		  Days
		3=1-2 Times Per Week During
		  Last 30 Days
		4=3-6 Times Per Week During
		  Last 30 Days
		5=Daily Use During Last 30
		  Days
		7=Unknown
		8=Not Applicable
			number (1)	Identifies the approximate number of times the primary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field should be coded as "unknown" (7) only if the client's *Substance Code Primary at Admission* was also coded as "unknown" (97). This field must be coded as "not applicable" (8) if and only if the client's *Substance Code Primary at Admission* was coded as "none" (1).	ADMIT
					NOMS

26	sec_frequency_use_cd Frequency of Use - Secondary at Admission	Same as field 25	number (1)	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as "not applicable" (8) if and only if the client's *Substance Code Secondary at Admission* was coded as "none" (1).	ADMIT *NOMS*
27	ter_frequency_use_cd Frequency of Use - Tertiary at Admission	Same as field 25	number (1)	Identifies the approximate number of times the secondary substance of abuse was used during the last 30 days that the client was not in a controlled environment, e.g. prison/jail. This field must be coded as "not applicable" (8) if and only if the client's *Substance Code Tertiary at Admission* was coded as "none" (1).	ADMIT *NOMS*
28	pri_first_use_age Age of First Use - Primary	*0=Indicates a newborn with a substance dependency problem* *1-95=Age* 97=Unknown 98=Not Applicable	number (2)	For drugs other than alcohol, this field identifies the first voluntary use of the substance in the corresponding primary substance of abuse. For alcohol as the primary substance, it is the age of first intoxication. This field should be coded as "unknown" (97) if the client's *Substance Code Primary at Admission* was also coded as "unknown" (97). This field must be coded as "not applicable" (98) if and only if the client's *Substance Code Primary at Admission* was coded as "none" (1). **The age must be less than the client's current age, but not less than their birthdate. Current age is calculated by taking the date the file was processed and calculating years since birth date.**	ADMIT *NOMS*
29	sec_first_use_age Age of First Use - Secondary	Same as field 28	number (2)	The same as the Age of First Use – Primary, but for the secondary substance of abuse.	ADMIT *NOMS*
30	ter_first_use_age Age of First Use - Tertiary	Same as field 28	number (2)	The same as the Age of First Use – Primary, but for the tertiary substance of abuse.	ADMIT *NOMS*

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	Name and Description	Allowed Values	Format	Definition	Code
31	living_arrangment_cd Living Arrangement at Admission	1=On the street or in a homeless shelter 2=Private residence not requiring support 3=Private residence requiring support 4=Jail or correctional facility 5=Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6=24-hour residential care 7=Adult or child foster home 8=Unknown	number (1)	Not requiring support = does not require routine or planned support to maintain his/her/or family's independence in the living situation. Requiring support = requires support to maintain independence, including services for general health, mental health crises, recovery, or symptoms. Services are delivered at home by a family member or by an external care giver.	ADMIT *NOMS*
32	primary_income_cd Primary Source of Income	1=Legal Employment, Wages and Salary 2=Welfare, Public Assistance 3=Pension, Retirement Benefits, Social Security 4=Disability, Worker's Compensation 5=Other 6=None 7=Unknown	number (1)	Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support.	ADMIT FED
33	health_insurance_code Health Insurance	1=Private Insurance 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=HMO 6=Other (Champus) 7=Unknown 8=None 9=CHIP	number (1)	Specifies the client's health insurance. The insurance may or **may not** cover alcohol or drug treatment.	ADMIT FED

	Name and Description	Allowed Values	Format	Definition	Code
34	payment_source_cd Expected Source of Payment	1=Self Pay 2=Blue Cross/ Blue Shield 3=Medicare 4=Medicaid 5=Other Government Payments 6=Worker's Compensation 7=Other Health Insurance Co. 8=No Charge/Free/Charity 9=CHIP 10=CIAO 11=Drug Court 20=Other 97=Unknown	number (2)	Identifies the primary source of payment for the current treatment event/modality. Those clients operating under a split payment fee arrangement between multiple payment sources are to default to the payment source with the largest percentage. When the payment percentages are equal, either one can be selected.	ADMIT FED
35	methadone_ind Opiod Replacment Therapy	1=Yes 2=No 7=Unknown	number (1)	Identifies the planned or actual use of methadone, LAAM, Buprenorphine or other opioid replacement therapy as part of the client's treatment plan.	ADMIT *NOMS*
36	pregnant_ind Pregnant at Time of Admission	1=Yes 2=No 7=Unknown	number (1)	Identifies whether or not the client is pregnant at admission. *Only females may be coded as pregnant.*	ADMIT FED
37	psychiatric_ind Psychiatric Problem	1=Yes 2=No 7=Unknown	number (1)	Identifies whether the client has a psychiatric problem (a DSM Axis I or II Diagnosis) **in addition** to his/her alcohol or drug use problem.	ADMIT FED
38	wait_days_nbr Time Waiting to Enter Treatment	0-996=Number of Days 997=Unknown	number (3)	Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical service was available.	ADMIT FED
39	children_nbr Number of Children	0-96=Number of Children 97=Unknown	number (2)	Specifies the number of children, age 17 or less, birth or adopted. The children may or may not live with the client.	ADMIT STATE
40	criminal_justice_nbr Number of Arrests at Admission	0-96=Number of Arrests 97=Unknown	number (2)	*This item is intended to capture the number of times the client was arrested for any cause during the 30 days PRECEDING the date of admission to treatment. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. (Data was previously collected for the six months prior to admission. NOMS asks for 30 days.)*	ADMIT *NOMS*

	Name and Description	Allowed Values	Format	Definition	Code
41	drug_court_cd Drug Court Participation	1=Adult Drug Court 2=Juvenile Drug Court 3=Dependency/Family Drug Court 4=Administrative Drug Board 97=Unknown 98=Not Applicable	number (2)	This field is to track the clients who are involved in drug court in some way. Adult Drug Court: clients that are participating in an Adult Drug Court (felony or misdemeanor). Dependency/Family Drug Court: clients that are participating in a Dependency Drug Court. Administrative Drug Board: for Weber and Davis County Parolee's only. Unknown: this is for clients that for some reason it is not known whether they are involved in Drug Court or not. Not Applicable: this is used for clients who are not associated with drug court.	ADMIT STATE
42	tobacco_use Tobacco Use	1=Never Used 2=Have Used/Not Current User 3=Occasional User (Less than one cigarette a day) 4=Regular User (Less than two packs a day) 5=Heavy User (Two or more packs a day) 6=Use Smokeless Tobacco Only (In last 30 days) 97Unknown	number (2)	This field is used to track the tobacco (both cigarettes and smokeless tobacco products) usage of treatment clients. If clients use both Cigarettes and Smokeless Tobacco only keep track of the Frequency of Cigarette use. If they only use smokeless tobacco then use the corresponding code. Never Used: for clients that have never used any tobacco products. Have Used/Not Current User: clients that have used any tobacco product in the past, but have not used in the past thirty days. Occasional User (Less than one cigarette a day): clients that smoke less than one cigarette a day. Regular User (Less than two packs a day): clients that smoke more than one cigarette a day but less than two packs a day. Heavy User (Two of more packs a day): clients that smoke two or more packs of cigarettes a day. Use Smokeless Tobacco Only: clients that do not smoke cigarettes, but have used smokeless tobacco in the last thirty days. Unknown: for some reason the client does not know whether they have ever used tobacco.	ADMIT STATE

	Name and Description	Allowed Values	Format	Definition	Code
43	tobacco_age Age of First Use of Tobacco	0-96=Age 97=Unknown 98=Not Applicable	number (2)	This is to collect the age of first use of tobacco for those clients that have ever used tobacco products, including clients that are current users of tobacco products. Age: the codes from 0 to 96 will be allowed for the age that the client first started using any tobacco product. Unknown: this is for clients who for some reason do not know the age when they first started using any tobacco products. Not Applicable: This is the code that will also be used for those clients that never have used tobacco and thus don't have an age of first use.	ADMIT STATE
44	last_name Client Last Name	Last Name of Client 97=Unknown	string (30)	The last name of the client. Please limit the last name to 30 letters. Any names exceeding 30 letters will be reduced in the State database to the first twenty letters. *Please see the Supplemental Defintions for more details.*	ADMIT STATE
45	first_name Client First Name	First Name of Client 97=Unknown	string (25)	The first name of the client. Please limit the first name to 25 letters. Any names exceeding 25 letters will be reduced in the State database to the first twenty letters. *Please see the Supplemental Defintions for more details.*	ADMIT STATE
46	mid_name Client Middle Name	Middle Name of Client	string (25)	*Middle name of the client. If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.* *Please see the Supplemental Defintions for more details.*	ADMIT STATE
47	family_size Number of Persons in Client's Household	1-9=Number of Persons 10=More than 9 persons in client's household 97=Unknown	number (2)	The total number of persons in the client's legal family with whom he/she lives, **including the client.** *The following should be included: parents, children, stepchildren, step-parents, siblings, half-siblings, step-siblings, children in court-ordered custody, and cohabitating partners. The following should be included IF they are dependent upon the household income: grandparents, step-grandparents, grandchildren, step-grandchildren, aunts, uncles, and cousins.	ADMIT STATE
48	family_income Client's household income	Monthly Gross Income *0=None* 97=Unknown	number (6)	Total of all legal **monthly** income for the household in which the client lives and is legally a part of. For adolescent clients, include parents'/guardians' income. Do not use commas, decimals, or dollar signs ($). *For example, $100.00 should be "100", not "100.00" or "10000".*	ADMIT STATE
49	enrolled_ed Enrolled in education at admission	1=Yes 2=No 7=Unknown *NEW FIELD*	number (1)	Indicates whether the client is enrolled in an education program at the time of admission. This field needs to be built as a drop-down list so it can be expanded in the future without major database changes.	ADMIT STATE

	Name and Description	Allowed Values	Format	Definition	Code
50	DiagA1 Axis I Diagnosis 1	DSM IV Code *NEW FIELD*	XNN.NN	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 5 on Axis I. Leave subsequent fields blank if no subsquent diagnoses. No diagnoses are required if the client is a Co-Dependent/Collateral.	ADMIT STATE DIAG
51	DiagA1_Date Date DiagA1 was given	*NEW FIELD*	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
52	DiagA2 Axis I Diagnosis 2	DSM IV Code *NEW FIELD*	XNN.NN		ADMIT STATE DIAG
53	DiagA2_Date Date DiagA2 was given	*NEW FIELD*	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
54	DiagA3 Axis I Diagnosis 3	DSM IV Code *NEW FIELD*	XNN.NN		ADMIT STATE DIAG
55	DiagA3_Date Date DiagA3 was given	*NEW FIELD*	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
56	DiagA4 Axis I Diagnosis 4	DSM IV Code *NEW FIELD*	XNN.NN		ADMIT STATE DIAG
57	DiagA4_Date Date DiagA4 was given	*NEW FIELD*	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
58	DiagA5 Axis I Diagnosis 5	DSM IV Code *NEW FIELD*	XNN.NN		ADMIT STATE DIAG
59	DiagA5_Date Date DiagA5 was given	*NEW FIELD*	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
60	DiagA6 Axis I Diagnosis 6	DSM IV Code *NEW FIELD*	XNN.NN		ADMIT STATE DIAG
61	DiagA6_Date Date DiagA6 was given	*NEW FIELD*	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
62	DiagA7 Axis I Diagnosis 7	DSM IV Code *NEW FIELD*	XNN.NN		ADMIT STATE DIAG

	Name and Description	Allowed Values	Format	Definition	Code
63	DiagA7_Date Date DiagA7 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
64	DiagA8 Axis I Diagnosis 8	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE DIAG
65	DiagA8_Date Date DiagA8 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
66	DiagA9 Axis I Diagnosis 9	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE DIAG
67	DiagA9_Date Date DiagA9 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
68	DiagA10 Axis I Diagnosis 10	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE DIAG
69	DiagA10_Date Date DiagA10 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
70	DiagB1 Axis II Diagnosis 1	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE DIAG
71	DiagB1_Date Date DiagB1 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
72	DiagB2 Axis II Diagnosis 2	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE DIAG
73	DiagB2_Date Date DiagB2 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
74	DiagB3 Axis II Diagnosis 3	DSM IV Code NEW FIELD	XNN.NN		ADMIT STATE DIAG
75	DiagB3_Date Date DiagB3 was given	NEW FIELD	mm/dd/yyyy	A date is required if there is a corresponding diagnosis.	ADMIT STATE DIAG
76	SAMHIS Client ID	SAMHIS client ID NEW Field	number (10)	SAMHIS Client ID should be included or left blank until available	ADMIT STATE